

**MULTIPLE DEFENDANT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/65 478

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	8					
7	8					
8	8					
9	8					
10	8					
11	8					
12	8					
13	8					
14	8					
15	8					
16	8					
17	8					
18	1					
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TOTAL IND.	1					
TOTAL DEP.	20					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						